

## **Bridgeport School District**

Office of the School Nurse Mrs. Gena Spurlock RN,BSN

55707 Industrial Drive, Bridgeport, OH 43912

Phone (740) 635-0853 ext. 1020 Fax (740) 635-6009

---

*Dear Parents/Guardians,*

*I would like to take an opportunity to reach out to you during this challenging time to clear up any possible confusion on the policies regarding when your children will be sent home due to illness.*

*Attached you will find a letter provided from the Belmont County Health Department. If your child exhibits any one symptom in the red column or 2 or more from the black column, they will be sent home.*

*I understand the frustration as some of your children may have several of these symptoms chronically due to allergies or other medical conditions. If this is the case, I am requiring documentation from their physician stating that the symptoms are not new for them and that they are safe to be in school.*

*I appreciate your cooperation and understanding. As always, please contact me with any questions or concerns.*

*Sincerely,*



*Gena Spurlock RN, BSN*

*School Nurse*



**BOARD OF HEALTH  
BELMONT COUNTY GENERAL HEALTH DISTRICT**

68501 Bannock Road • St. Clairsville, Ohio 43950 • Phone (740) 695-1202 • Fax (740) 695-8890  
[www.BelmontCountyHealth.com](http://www.BelmontCountyHealth.com)

Have you had any of the following symptoms in the past 24 hours?

If yes on **any RED** question your child should not go to school. If at school, they should be sent home immediately and not return until they have had 24 hours of no symptoms without the use of medications.

If yes to **2 or more** of the **BLACK** questions, your child should not be sent to school. If already at school, they should be sent home immediately and not return until 24 hours without symptoms without the use of medications.

Name: \_\_\_\_\_

Temperature reading: \_\_\_\_\_

<b>Fever &gt; 100.4 (38C)</b>	<b>Yes</b>	<b>No</b>	<b>Chills</b>	<b>Yes</b>	<b>No</b>
<b>Subjective fever (Felt Feverish)</b>	<b>Yes</b>	<b>No</b>	<b>Rigors</b>	<b>Yes</b>	<b>No</b>
<b>New loss of taste and smell</b>	<b>Yes</b>	<b>No</b>	<b>Muscle aches</b>	<b>Yes</b>	<b>No</b>
<b>Cough (new or worsening)</b>	<b>Yes</b>	<b>No</b>	<b>Runny nose</b>	<b>Yes</b>	<b>No</b>
<b>Shortness of breath</b>	<b>Yes</b>	<b>No</b>	<b>Sore throat</b>	<b>Yes</b>	<b>No</b>
<b>Difficulty breathing</b>	<b>Yes</b>	<b>No</b>	<b>Headache</b>	<b>Yes</b>	<b>No</b>
<b>Chest pain</b>	<b>Yes</b>	<b>No</b>	<b>Fatigue</b>	<b>Yes</b>	<b>No</b>
<b>Nausea or vomiting</b>	<b>Yes</b>	<b>No</b>	<b>Cough (new or worsening)</b>	<b>Yes</b>	<b>No</b>
<b>Diarrhea or loose stool &gt; 24 hrs</b>	<b>Yes</b>	<b>No</b>	<b>Wheezing</b>	<b>Yes</b>	<b>No</b>
<b>Conjunctivitis (pink eye)</b>	<b>Yes</b>	<b>No</b>	<b>Abdominal pain</b>	<b>Yes</b>	<b>No</b>